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|---------------|-------------|-------|----------------|--------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO |
| 09/027,821 | 02/23/1998 | 600 | 3737 | 970725.ORI |

APPLICANT

STUART R CHASTAIN, SHOREVIEW, MINNESOTA; BRUCE A TOCKMAN, SCANDIA, MINNESOTA; RANDY W WESTLUND, MINNEAPOLIS, MINNESOTA.

CONTINUING DOMESTIC DATA***
VERIFIED

CHL ^{NONE}
1/27/99

371 (NAT'L STAGE) DATA***
VERIFIED

CHL ^{NONE}
1/27/99

FOREIGN APPLICATIONS***
VERIFIED

CHL ^{NONE}
1/27/99

FOREIGN FILING LICENSE GRANTED 04/21/1998

| | | | | | |
|---|--|------------------|-----------------|--------------|--------------------|
| Foreign priority claimed 35 USC 119 (a-d) conditions met | <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and acknowledged | <u>CARL LAYNO</u> <u>CHL</u> Examiner's Name Initials | MN | 2 | 26 | 1 |

ADDRESS

THOMAS J NIKOLAI
HAUGEN & NIKOLAI
820 INTERNATIONAL CENTRE
900 SECOND AVENUE SOUTH
MINNEAPOLIS , MN 55402-3325

TITLE

INTRAVENOUS CARDIAC LEAD WITH ^{WAVE SHAPED} POSITIVE FIXATION SEGMENT

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED \$*1542 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit _____ |
|------------------------------------|---|---|

| | | | | | | | |
|---|--|---|--|---------------------------|---|-----------------------------------|----------------------------|
| SERIAL NUMBER 09/027,821 | | FILING DATE 02/23/98 | | CLASS 604 | GROUP ART UNIT 3735 | ATTORNEY DOCKET NO. 970725.ORI | |
| APPLICANT | STUART R. CHASTAIN, SHOREVIEW, MN; BRUCE A. TOCKMAN, SCANDIA, MN; RANDY W. WESTLUND, MINNEAPOLIS, MN. | | | | | | |
| | **CONTINUING DOMESTIC DATA***** VERIFIED _____ | | | | | | |
| | **371 (NAT'L STAGE) DATA***** VERIFIED _____ | | | | | | |
| | **FOREIGN APPLICATIONS***** VERIFIED _____ | | | | | | |
| FOREIGN FILING LICENSE GRANTED 04/21/98 | | | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY MN | SHEETS DRAWING 2 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 1 |
| Verified and Acknowledged | | Examiner's Initials _____ Initials _____ | | | | | |
| ADDRESS | THOMAS J NIKOLAI HAUGEN & NIKOLAI 820 INTERNATIONAL CENTRE 900 SECOND AVENUE SOUTH MINNEAPOLIS MN 55402-3325 | | | | | | |
| | TITLE INTRAVENOUS CARDIAC LEAD WITH POSITIVE FIXATION SEGMENT | | | | | | |
| FILING FEE RECEIVED \$1,542 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |